CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

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SPECIAL EDITION

Thursday, September 26, 2019

News

News

Omnibus Burden Reduction (Conditions of Participation) Final Rule

On September 26, CMS took action at President Trump's direction to "cut the red tape," by reducing unnecessary burden for American's health care providers allowing them to focus on their priority – patients. The Omnibus Burden Reduction (Conditions of Participation) Final Rule removes Medicare regulations identified as unnecessary, obsolete, or excessively burdensome on hospitals and other health care providers to reduce inefficiencies and moves the nation closer to a health care system that delivers value, high quality care and better outcomes for patients at the lowest possible cost.

This rule advances the Patients over Paperwork initiative by saving providers an estimated 4.4 million hours of time previously spent on paperwork with an overall total projected savings to providers of $800 million annually.

This rule finalizes the provisions of three proposed rules

- Regulatory Provisions to Promote Program Efficiency, Transparency, and Burden Reduction ("Omnibus Burden reduction"), published September 20, 2018
- Hospital and Critical Access Hospital (CAH) Changes to Promote Innovation, Flexibility, and Improvement in Patient Care, published June 16, 2016
- Fire Safety Requirements for Certain Dialysis Facilities, published November 4, 2016.

For More Information:

- Final Rule
- Press Release

Press release See the full text of this excerpted CMS Fact Sheet (Issued September 26).

Discharge Planning Rule Supports Interoperability and Patient Preferences

On September 26, CMS issued a final rule that empowers patients preparing to move from acute care into Post-Acute Care (PAC), a process called discharge planning. The rule puts patients in the driver's seat of their care transitions and improves quality by requiring hospitals to provide patients access to information about PAC provider choices, including performance on important quality measures and resource-use measures, including:

- Number of pressure ulcers
- Proportion of falls that lead to injury

- Number of readmissions back to the hospital

The rule also:

- Advances CMS's interoperability efforts by requiring the seamless exchange of patient information between health care settings, and ensuring that a patient's health care information follows them after discharge from a hospital or PAC provider.
- Revises the discharge planning requirements that hospitals (including long-term care hospitals, Critical Access Hospitals (CAHs) psychiatric hospitals, children's hospitals, and cancer hospitals), inpatient rehabilitation facilities, and home health agencies must meet to participate in Medicare and Medicaid programs. It requires the discharge planning process to focus on a patient's goals and treatment preferences. Hospitals are mandated to ensure each patient's right to access their medical records in an electronic format.
- Implements requirements from the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act) that includes how facilities will account for and document a patient's goals of care and treatment preferences.

Hospitals and CAHs are already conducting most of the revised discharge planning requirements, with the exception of the discharge planning requirements of the IMPACT Act.

For More Information:

- Fact Sheet
- Final Rule

See the full text of this excerpted CMS Press Release (Issued September 26).

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